

OCT 27 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County With  
Township Leitchville  
City Grand City, Mo. (No. ....)

Registration District No. 983  
Primary Registration District No. 6212

File No. 35602  
Registered No. ....

2. FULL NAME

(a) Residence, No. ....

(Usual place of abode)

St. ....

Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Ann Montroy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 1849

7. AGE YEARS 88 MONTHS 6 DAYS 2 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Percuss, Co. Illinois

13. NAME James Montroy

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Unknown

15. MAIDEN NAME Margaret Ann Downing

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. John Creech (ADDRESS) Leitchville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Leitchville PLACE DATE 9/19 37

19. UNDERTAKER Andrews (ADDRESS) Grand City, Mo.

20. FILED 9/17 37 Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/18 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 37 to Sept 18 37

I last saw him alive on Sept 10, 19 37 Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

Senility  
Acute myo carditis

Other contributory causes of importance:

Name of operation Clinical Date of ....  
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .... Date of injury ...., 19....

Where did injury occur? .... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ....  
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify John Andrews (Signed) M. D.  
(Address) ....



# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

## 1. PLACE OF DEATH

County North  
Township Stetchell  
City Stetchell (No. 6212)

Registration District No. 903  
Primary Registration District No. 6212

File No. 35-602  
Registered No.           
St.          Ward         

## 2. FULL NAME

(a) Residence, No.          St.          Ward           
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF         

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 88 MONTHS 6 DAYS 2 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. J. J. Higgins

18. BURIAL, CREMATION, OR REMOVAL PLACE Stetchell DATE 9/19 1937

19. UNDERTAKER (ADDRESS)

20. FILED 9/17 1937 Fred Mullins Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/16 1937

22. I HEREBY CERTIFY, That I attended deceased from         , to         , 19        

I last saw him          alive on         , 19         Death is said

to have occurred on the date stated above, at          m.

The principal cause of death and related causes of importance were as follows:

Date of onset         

Other contributory causes of importance:

Name of operation          Date of         

What test confirmed diagnosis?          Was there an autopsy?         

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?          Date of injury         , 19        

Where did injury occur?          (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury         

Nature of injury         

24. Was disease or injury in any way related to occupation of deceased?

If so, specify         

(Signed) John Andrews, M. D.

(Address)

44-38861-5001  
FBI - NEW YORK  
JAN 10 1964

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